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8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2022-087363

13 **ANIKA TENE MOORE, M.D.**  
14 **7664 Legacy Ridge Dr.**  
**West Chester, OH 45069**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 98138,**

17 Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
22 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).

24 2. On or about November 22, 2006, the Medical Board issued Physician's and  
25 Surgeon's Certificate No. A 98138 to Anika Tene Moore, M.D. (Respondent). The Physician's  
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on August 31, 2024, unless renewed.

28 ///

## JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states, in pertinent part:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

...

5. Section 2234 of the Code states, in pertinent part:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but

1 not limited to, a reevaluation of the diagnosis or a change in treatment, and the  
2 licensee's conduct departs from the applicable standard of care, each departure  
3 constitutes a separate and distinct breach of the standard of care.

4 ...

5 (e) The commission of any act involving dishonesty or corruption that is  
6 substantially related to the qualifications, functions, or duties of a physician and  
7 surgeon.

8 ...

9 6. Section 2052 of the Code states:

10 (a) Notwithstanding Section 146, any person who practices or attempts to  
11 practice, or who advertises or holds himself or herself out as practicing, any system or  
12 mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates  
13 for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,  
14 disorder, injury, or other physical or mental condition of any person, without having  
15 at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in  
16 this chapter [Chapter 5, the Medical Practice Act], or without being authorized to  
17 perform the act pursuant to a certificate obtained in accordance with some other  
18 provision of law, is guilty of a public offense...

19 (b) Any person who conspires with or aids or abets another to commit any act  
20 described in subdivision (a) is guilty of a public offense...

21 (c) The remedy provided in this section shall not preclude any other remedy  
22 provided by law.

23 7. Section 2264 of the Code states:

24 The employing, directly or indirectly, the aiding, or the abetting of any  
25 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in  
26 the practice of medicine or any other mode of treating the sick or afflicted which  
27 requires a license to practice constitutes unprofessional conduct.

28 8. Section 2725 of the Code states, in pertinent part:

(a) In amending this section at the 1973-74 session, the Legislature recognizes  
that nursing is a dynamic field, the practice of which is continually evolving to  
include more sophisticated patient care activities. It is the intent of the Legislature in  
amending this section at the 1973-74 session to provide clear legal authority for  
functions and procedures that have common acceptance and usage. It is the  
legislative intent also to recognize the existence of overlapping functions between  
physicians and registered nurses and to permit additional sharing of functions within  
organized health care systems that provide for collaboration between physicians and  
registered nurses. These organized health care systems include, but are not limited to,  
health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of  
Division 2 of the Health and Safety Code, clinics, home health agencies, physicians'  
offices, and public or community health services.

1 (b) The practice of nursing within the meaning of this chapter means those  
2 functions, including basic health care, that help people cope with difficulties in daily  
3 living that are associated with their actual or potential health or illness problems or  
4 the treatment thereof, and that require a substantial amount of scientific knowledge or  
5 technical skill, including all of the following:

6 (1) Direct and indirect patient care services that ensure the safety, comfort,  
7 personal hygiene, and protection of patients; and the performance of disease  
8 prevention and restorative measures.

9 (2) Direct and indirect patient care services, including, but not limited to, the  
10 administration of medications and therapeutic agents, necessary to implement a  
11 treatment, disease prevention, or rehabilitative regimen ordered by and within the  
12 scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as  
13 defined by Section 1316.5 of the Health and Safety Code.

14 (3) The performance of skin tests, immunization techniques, and the withdrawal  
15 of human blood from veins and arteries.

16 (4) Observation of signs and symptoms of illness, reactions to treatment,  
17 general behavior, or general physical condition, and (A) determination of whether the  
18 signs, symptoms, reactions, behavior, or general appearance exhibit abnormal  
19 characteristics, and (B) implementation, based on observed abnormalities, of  
20 appropriate reporting, or referral, or standardized procedures, or changes in treatment  
21 regimen in accordance with standardized procedures, or the initiation of emergency  
22 procedures.

23 (c) "Standardized procedures," as used in this section, means either of the  
24 following:

25 (1) Policies and protocols developed by a health facility licensed pursuant to  
26 Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety  
27 Code through collaboration among administrators and health professionals including  
28 physicians and nurses.

(2) Policies and protocols developed through collaboration among  
administrators and health professionals, including physicians and nurses, by an  
organized health care system which is not a health facility licensed pursuant to  
Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety  
Code.

The policies and protocols shall be subject to any guidelines for standardized  
procedures that the Division of Licensing of the Medical Board of California and the  
Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines  
shall be administered by the Board of Registered Nursing.

...

9. Section 2836.1 of the Code states, in pertinent part:

Neither this chapter nor any other provision of law shall be construed to  
prohibit a nurse practitioner from furnishing or ordering drugs or devices when all of  
the following apply:

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1 (a) The drugs or devices are furnished or ordered by a nurse practitioner in  
2 accordance with standardized procedures or protocols developed by the nurse  
3 practitioner and the supervising physician and surgeon when the drugs or devices  
furnished or ordered are consistent with the practitioner's educational preparation or  
for which clinical competency has been established and maintained.

4 (b) The nurse practitioner is functioning pursuant to standardized procedure, as  
5 defined by Section 2725, or protocol. The standardized procedure or protocol shall  
6 be developed and approved by the supervising physician and surgeon, the nurse  
practitioner, and the facility administrator or the designee.

7 (c)(1) The standardized procedure or protocol covering the furnishing of drugs  
8 or devices shall specify which nurse practitioners may furnish or order drugs or  
9 devices, which drugs or devices may be furnished or ordered, under what  
circumstances, the extent of physician and surgeon supervision, the method of  
periodic review of the nurse practitioner's competence, including peer review, and  
review of the provisions of the standardized procedure.

10 ...

11 (d) The furnishing or ordering of drugs or devices by a nurse practitioner occurs  
12 under physician and surgeon supervision. Physician and surgeon supervision shall  
13 not be construed to require the physical presence of the physician, but does include  
14 (1) collaboration on the development of the standardized procedure, (2) approval of  
the standardized procedure, and (3) availability by telephonic contact at the time of  
patient examination by the nurse practitioner.

15 ...

16 10. California Code of Regulations, title 16, section 1379, states:

17 A physician and surgeon or a podiatrist who collaborates in the development of  
18 standardized procedures for registered nurses shall comply with Title 16 California  
19 Administrative Code Sections 1470 through 1474 governing development and use of  
standardized procedures.

20 11. California Code of Regulations, title 16, section 1471, states:

21 For purposes of this article:

22 (a) "Standardized procedure functions" means those functions specified in  
23 Business and Professions Code Section 2725(c) and (d) which are to be performed  
according to "standardized procedures";

24 (b) "Organized health care system" means a health facility which is not licensed  
25 pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and  
26 Safety Code and includes, but is not limited to, clinics, home health agencies,  
physicians' offices and public or community health services;

27 (c) "Standardized procedures" means policies and protocols formulated by  
28 organized health care systems for the performance of standardized procedure  
functions.

12. California Code of Regulations, title 16, section 1472, states:

An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedures; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

13. California Code of Regulations, title 16, section 1474, states:

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

(10) Specify patient record keeping requirements.

(11) Provide for a method of periodic review of the standardized procedures.

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## COST RECOVERY

14. Business and Professions Code section 125.3 states that:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

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1 (j) This section does not apply to any board if a specific statutory provision in  
2 that board's licensing act provides for recovery of costs in an administrative  
disciplinary proceeding.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Aiding and Abetting the Unlicensed Practice of Medicine)**

5 15. Respondent has subjected her Physician's and Surgeon's Certificate No. A 98138 to  
6 disciplinary action under sections 2227 and 2234, as defined by sections 2052, subdivision (b),  
7 2264, 2234, subdivision (a), 2725, and 2836.1, of the Code, and California Code of Regulations,  
8 title 16, sections 1379, 1471, and 1472, in that she aided and abetted the unlicensed practice of  
9 medicine, as more particularly alleged hereinafter:

10 16. Respondent is a board certified obstetrician gynecologist (OBGYN). She is not  
11 experienced in treating or prescribing to male patients.

12 17. Between in or around 2009, and in or around 2016, Respondent worked as an  
13 OBGYN at Community Health Centers (CHC) in California. While working at CHC,  
14 Respondent worked with nurse practitioner, S.E. (NP).

15 18. In or around 2016, Respondent moved from California to Massachusetts.

16 19. Between in or around January 2017, and in or around January 2019, Respondent  
17 returned to California to work for CHC approximately one weekend each month.

18 20. In or around 2018, NP formed a medical clinic as a sole proprietorship entitled,  
19 "Holistic Women's Healing," in Arroyo Grande, California. The Holistic Women's Healing  
20 clinic website referred to NP as "Dr. Sarah." Respondent did not at that time, or anytime  
21 thereafter, have an ownership interest in Holistic Women's Healing clinic.

22 21. In or around October 2018, NP asked Respondent to be her "collaborating physician."

23 22. On or about October 24, 2018, Respondent and NP entered into a "Collaborative  
24 Agreement," for the provision of health care services to clients at Holistic Women's Healing in  
25 Arroyo Grande, California. The "Collaborative Agreement" included standardized procedures  
26 and protocols, which referred to Respondent as NP's supervising physician, outlined  
27 Respondent's supervision requirements as NP's supervising physician, and included authority for  
28 NP to order and furnish Schedule III controlled substances.

1        23. Between on or about October 24, 2018, and on or about March 19, 2021, Respondent  
2 served as NP's supervising physician at Holistic Women's Healing clinic in California.  
3 Throughout that time, Respondent resided in Massachusetts, was never physically present at  
4 Holistic Women's Healing clinic, did not review any patient charts, did not maintain a ledger of  
5 patients she consulted about with NP, did not maintain any documentation of her supervision with  
6 NP, did not perform an annual review of their standardized procedures, and did not oversee or  
7 monitor any of NP's prescribing of controlled substances.

8        24. Between on or about October 24, 2018, and on or about March 19, 2021, NP provided  
9 care and treatment to both male and female patients, which included frequent prescriptions for  
10 testosterone.<sup>1</sup>

11        25. On or about August 30, 2019, the Board received a complaint that NP was referring  
12 to herself as a doctor and writing prescriptions for testosterone.

13        26. In or around July 2020, an investigator for the Board corresponded with NP by email.  
14 NP's signature line on her emails referred to herself as "Dr. Sarah."

15        27. On or about March 19, 2021, Respondent was interviewed by an investigator for the  
16 Board. During that interview, Respondent claimed to have supervised NP while she worked at  
17 CHC. After she moved to Massachusetts, Respondent informed the investigator that she  
18 continued to supervise NP and that they had standardized protocols in place. Respondent further  
19 informed the investigator that she would return to California approximately once per month and  
20 would review approximately twenty of NP's randomly selects charts. Respondent further stated  
21 that if she was unable to return to California, that NP would send Respondent the charts for  
22 review. Respondent denied any ownership over NP's clinic or being paid for her supervision.

23        28. On or about March 19, 2021, after her interview with an investigator for the Board,  
24 Respondent contacted NP and informed her that she would no longer serve as her supervising  
25 physician.

26 ///

27        <sup>1</sup> Testosterone is a Schedule III controlled substance pursuant to Health and Safety Code  
28 section 11056, subdivision (f), and a dangerous drug pursuant to section 4022 of the Code.

29. On or about October 4, 2022, Respondent was interviewed by a different investigator for the Board. During that interview, Respondent admitted signing the “Collaborative Agreement” with NP, but denied understanding she was agreeing to actual supervision of NP, denied knowing where NP worked while she supervised her, denied physically reviewing any of NP’s charts, and denied knowing NP provided any treatment to male patients.

## SECOND CAUSE FOR DISCIPLINE

**(Gross Negligence)**

30. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 98138 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that she committed gross negligence, as more particularly alleged hereinafter:

- A. Paragraphs 15 through 29, above, are hereby incorporated by reference and realleged as if fully set forth herein;
- B. Respondent failed to formally review any of NP's patient charts throughout the period of supervision; and
- C. Respondent failed to provide adequate supervision of NP throughout the period of supervision.

### THIRD CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

31. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 98138 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts, as more particularly alleged hereinafter:

- A. Paragraphs 15 through 29, above, are hereby incorporated by reference and realleged as if fully set forth herein; and
- B. Respondent failed to perform a periodic review of her standardized procedures and protocols with NP.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Dishonesty or Corruption)**

3 32. Respondent has further subjected her Physician's and Surgeon's Certificate No.  
4 A 98138 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
5 subdivision (e), of the Code, in that she has committed an act or acts of dishonesty or corruption,  
6 as more particularly alleged in paragraphs 15 through 29, above, which are hereby incorporated  
7 by reference and realleged as if fully set forth herein.

8 **PRAYER**

9 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
10 and that following the hearing, the Medical Board of California issue a decision:

- 11 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 98138, issued  
12 to Respondent, Anika Tene Moore, M.D.;
- 13 2. Revoking, suspending, or denying approval of Respondent, Anika Tene Moore,  
14 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 15 3. Ordering Respondent, Anika Tene Moore, M.D., to pay the Board the costs of the  
16 investigation and enforcement of this case, and if placed on probation, the costs of probation  
17 monitoring; and
- 18 4. Taking such other and further action as deemed necessary and proper.

19  
20 DATED: **JUL 13 2023**

21   
22 REJI VARGHESE  
23 Executive Director  
24 Medical Board of California  
25 Department of Consumer Affairs  
26 State of California  
27 Complainant  
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